PTO/SB/08A (10-01) Approved for use through 10/31/2002, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to resp on unless it contains a valid OMB control number

Substitute for form 1449A/PTO INFORMATION DISCLOSURE

Sheet

STATEMENT BY APPLICANT (use as many sheets as necessary) of

	Com	plete if Known				
	Application / Conf. No.	10/698,704 / 1939				
i	Filing Date	October 31, 2003				
	First Named Inventor	Robert O. Conn				
	Art Unit	2826				
	Examiner Name	Alexander O. Williams				
	Attorney Docket Number	X-1416-3 US				

Examiner	Cite No.	Document Number	Publication Date MM-YYYY	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
Initials *		Number - Kind Code (if known)		Applicant of Cited Document	
		US- 2003/0001287	01-2003	Sathe, Ajit	
		US- 2005/0017333	01-2005	Bohr, Mark	
		US- 5,633,785	05-1997	Parker et al.	
		US- 6,417,688	07-2002	Dabral et al.	
		US- 6,683,781	01-2004	Ho et al.	
		US- 6,754,407	06-2004	Chakravorty et al.	
		US- 7,233,061 B1	06-2007	Conn, Robert	
		US-		1	
		US-			

FOREIGN PATENT DOCUMENTS										
Examiner	Cite	Foreign Patent Document	Publication Date		Name of Petentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant	Γ.			
Initials *	No.1	Country Code ³ -Number ⁴ -Kind Code ⁶ (if known)	MM-YYYY-	Applicant of C	Applicant of Cited Document	or Relevant Figures Appear	Τ.			
	-			-			F			
							_			
						· · · · · · · · · · · · · · · · · · ·	-			
							-			
				 			-			
Evomi	iner			=	Date		=			
Examiner Signature					Considered					

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance

and not considered. Include copy of this form with next communication to applicant Applicant's unique citation designation number (optional). See Kinds of USPTO Pleatin Dourners at workups open or MEPE 901.04. Faire Office that Performance of the See Applicant See Ap

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chef Information Officer, Platent and Trademan Office, P.O. 180, 1459, Alexandria, Virgina, 2215-1450. DO NOT SEND FEES OR COMMETED FORMS TO THIS ADDRESS, SEND TO. Commissioner for Platent, P.O. Dex 1409, Austrandria, Varyania, 2215-1450. DO NOT SEND FEES OR